

SAFE

Structured Analysis Family Evaluation



OVERVIEW

Structured Analysis Family Evaluation

WHERE SAFE BEGAN ...HOME STUDY FAMILY EVALUATION CONCERNS

- **Lack of uniformity:** Things were being missed.
- **No psychosocial evaluation:** No critical analysis of family functioning related to parenting ability and readiness.
- **No effective information gathering or analysis tools:** Critical information was not being gathered and evaluated uniformly.
- **Judgments too often based on worker bias:** personal biases rather than an objective analysis of factors relevant to parental suitability.
- **Irrelevant home study reports:** incomplete and did not contain information relevant to good placement decision-making.

NOTES:

PURPOSE OF A HOME STUDY

- Determine if family is a viable and safe placement resource for children.
- Meet statutory and regulation requirements.
- Approval/Denial: Officially approve or deny a family for placement.
- Find families for children, not children for families.
- Strengthen family functioning: Address issues of concern, promote change
- Family Preparation: Prepare the family for a successful parenting care-giving/ experience.
- Placement Matching: Provide information that identifies family strengths and limitations in order to facilitate a good match or determine the appropriateness of an existing placement.

NOTES:

LET'S LOOK AT SAFE - WHAT IS IT?

STRUCTURED ANALYSIS FAMILY EVALUATION

- A comprehensive set of home study tools, techniques and values for the evaluation of would-be foster or adoptive families.
- SAFE uses structured questionnaires, interviews, assessment guides, structured family references and a preformatted home study report to assist in the development of a clear focus on individual and family functioning.

THERE ARE FIVE COMPONENTS TO SAFE

1. SAFE Practice Values
2. Information Gathering Tools
3. Psychosocial Inventory and Desk Guide
4. SAFE Preformatted Home Study Report
5. SAFE Matching Inventory

SAFE TOOLS

- Questionnaire One- Basic Information-Replaces the Autobiography
- Questionnaire Two- Critical and Sensitive Information
- Structured Family Reference Letter
- Psychosocial Inventory and Desk Guide
- Preformatted Home Study Report
- Matching Inventory

NOTES:

FOUR ELEMENTS OF A COMPREHENSIVE HOME STUDY

Element One: Psychosocial Evaluation

- **Determine if a family is a well functioning, viable and safe placement resource**
- **A shared evaluation process:** Applicants actively participate in identifying their strengths and limitations.
- **Issue Spotting:** Psychosocial factors are considered uniformly, specified and systematically considered.
- **Illuminates family strengths and addresses issues of concern.**
- **Change-oriented service based on family needs can be sought.**
- **Compartmentalized narration:** The psychosocial evaluation report is compartmentalized in the written home study report.

NOTES:

FOUR ELEMENTS OF A COMPREHENSIVE HOME STUDY

Element Two: Descriptive and Identifying Information

- **General Home Studies:** The written home study report for families who do not have a child in their home (e.g., foster family, kin family), should contain factual descriptive and identifying information for matching purposes that portrays the family constellation, personalities, home and community environment, work/leisure activities, daily routines, values, etc.
- **Child Specific Home Study:** The written home study report for a family wanting to adopt a specific child does not require the same degree of descriptive information because it will not be used for matching purposes. The home study should detail specifically how a family will meet the needs of a specific child.

NOTES:

FOUR ELEMENTS OF A COMPREHENSIVE HOME STUDY

Element Three:

Family Education/Preparation Process

- **If No Group Preparation Program:** Home study worker must assume sole responsibility for educating and preparing the family.
- **If Group Preparation Program:** Group trainers and home study worker share the educational/preparation. If this is the case, the home study worker's role is to develop a more individualized educational/preparation response not covered in the group sessions that are based on the family's needs.
- **Activities described in home study:** The home study report should describe both the individual and group educational/preparation activities in which the Applicants participated.

NOTES:

FOUR ELEMENTS OF A COMPREHENSIVE HOME STUDY

Element Four: Matching Information/Child Adjustment

- **Matching Information:** The home study report should clearly identify the strengths, limitations and resources of the family and determine if they are compatible with the vulnerabilities and needs of children or a specific child already in their care.

NOTES:

SAFE PRACTICE VALUES

THE OVERALL INTEGRITY AND VALIDITY OF SAFE AND THE SAFE PROCESS IS DIRECTLY RELATED TO ADHERENCE TO SAFE'S EIGHT PRACTICE VALUES.

PRACTICE VALUE NUMBER ONE

BECAUSE FAMILIES ARE VALUABLE RESOURCES FOR CHILDREN, THE SAFE HOME STUDY PROCESS STRIVES TO BE INCLUSIVE, NOT EXCLUSIVE.

- Antiquated adoption home study practice: Many home study outlines still in use today were created as long as 30 years ago when there was an overabundance of infertile couples and a scarcity of healthy infants available for adoption. Children over the age of three were considered un-adoptable.
- Home Studies as marketing tools: Home studies from the past were marketing tools. Designed to advertise families in a competitive baby market. Adoption agencies were focused on finding children for families, not families for children.
- Adoption agencies used rigid exclusionary criteria: Families used to be excluded for such things as age, marital status, income, home ownership, etc.
- We need families more than they need us: There has been a dramatic increase in the number of children in the foster care system in need of permanent families. Current best practice suggests that no child should be considered un-adoptable.
- Today's home study is primarily a matching tool: Today's home study is a matching tool that allows social workers to identify the compatibilities between parents' strengths, limitations and resources and the vulnerabilities and needs of the children being considered for placement.
- Exclusionary criteria of the past no longer apply: The home study process must be inclusive and work in conjunction with group training programs to educate and prepare families. The SAFE study process is designed to be user friendly and accommodating.

NOTES:

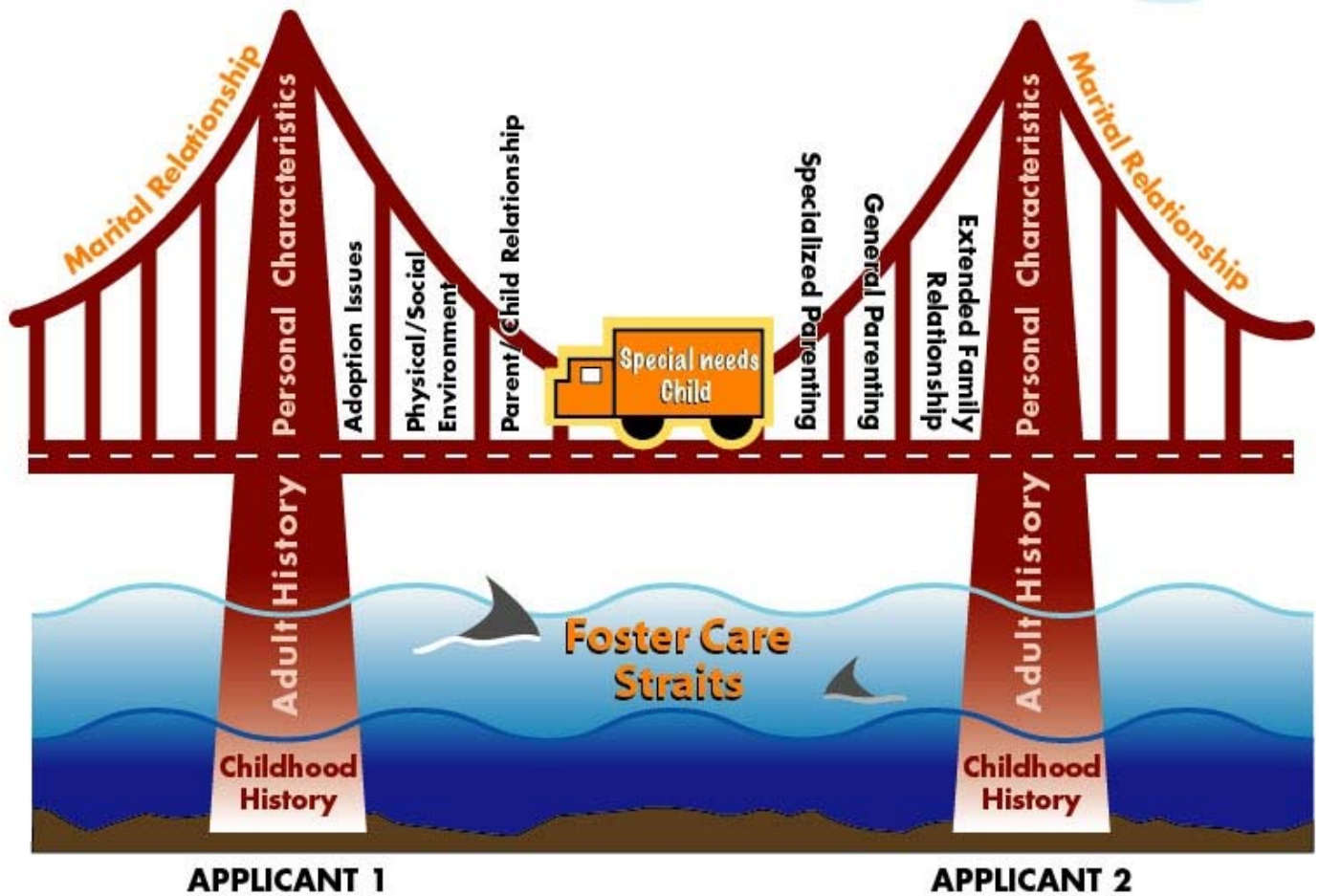
PRACTICE VALUE NUMBER TWO

THE PSYCHOSOCIAL EVALUATION IS A KEY COMPONENT OF A SAFE HOME STUDY.

- **Psychosocial evaluation:** Most home studies do not contain a psychosocial evaluation. The SAFE home study provides home study workers with a systematic and structured method to accomplish a psychosocial evaluation that is compartmentalized in the home study report.
- **Applicant behaviors do not speak for themselves:** Social workers often write a home study as if they were a newspaper reporter. They learn and report the family story.
- **Critical analysis:** What is missing is an analysis of the information they gathered as it relates to the applicant's readiness, ability and willingness to parent.
- **Minus an evaluation, open to reader speculation:** Without an evaluation, the reader must speculate how the information presented relates to parental suitability
- **Home study worker must analyze and draw conclusions:** Only the home study worker is in a position explore and analyze the information gathered and draw conclusions, not the reader of the study.

NOTES:

Psychosocial Inventory



NOTES:

PRACTICE VALUE NUMBER THREE

SAFE PROMOTES A MUTUAL EVALUATION PROCESS THAT RECOGNIZES FAMILY STRENGTHS AND IDENTIFIES AND ADDRESSES ISSUES OF CONCERN.

- **Secret of a home study:** The secret of a home study is to form an alliance with the family in which we are sharing the best interest of the child as our mutual concern.
- **Participatory approach:** SAFE defines the home study process as a joint effort between the worker and the family.
- **Mutual process of identifying strengths and limitations:** The social worker engages the family in a mutual process of identifying family strengths and issues of concern that potentially could or would impede successful parenting.
- **Provide feedback to address issues:** When issues of concern are identified, feedback must be provided to help the family understand why the issue is problematic and work done with the family to alleviate or mitigate the issue.
- **Influence of home study worker's personal biases:** Home study workers must not let their own personal biases inappropriately influence their perceptions and determinations. Indicate how SAFE promotes inter-rater reliability and reduces the impact of personal bias.

NOTES:

PRACTICE VALUE NUMBER FOUR

SAFE IS BUILT ON THE BELIEF THAT FAMILIES AND INDIVIDUALS HAVE THE CAPACITY FOR CHANGE

- **Change nonbelievers:** Some child welfare workers hold the notion that it is a waste of time to work towards change because it just isn't going to happen.
- **Promoting Change:** In order to promote change, social workers must be able to help the family understand why change is needed and how change will make them more competent parents.
- **Adult Learning Model:** In order to promote needed change, social workers must be able to help the family understand why change is necessary.

NOTES:

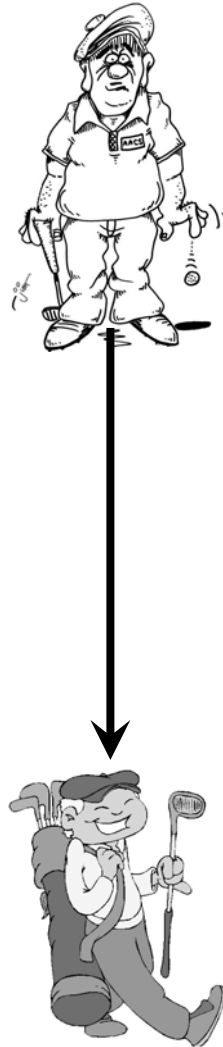
THE ADULT LEARNING MODEL

Unconscious Incompetence

Conscious Incompetence

Conscious Competence

Unconscious Competence



NOTES:

PRACTICE VALUE NUMBER FIVE

THE SOCIAL WORK INTERVIEW IS THE FOUNDATION OF GOOD SOCIAL WORK PRACTICE.

- **Most of what we learn is through the interview:** Clearly, most of what we know about a family is learned during face-to-face interviews. The SAFE tools drive the social work interview.
- **SAFE Questionnaires are designed to supplement, not supplant the social work Interview:** SAFE Information gathering tools enable workers to interview in a more focused, efficient and effective manner.
- **The SAFE Psychosocial Inventory identifies issues that must be addressed through the interview**
- **Observations and non-verbal communication:** We observe and take in information using all our senses. Non-verbal information often more telling than verbal information.
- **Scripted Interviewing:** Some home study workers still interview families using a scripted interview tool that rigidly drives the pace and flow of the interview. They read off their questions and write down the family responses. SAFE discourages this practice.
- **Starting where the client is:** Using SAFE, social workers can use their natural interviewing style and approach to establish a trusting relationship with the family and address their concerns and questions as they naturally come up.
- **Gut Reaction is diagnostic:** Gut reactions help us form a hypothesis that must be tested, e.g., would have a different visceral reaction after interviewing Mother Theresa and Charles Manson.

NOTES:

PRACTICE VALUE NUMBER SIX

SOCIAL WORKERS MUST BE AWARE OF AND UNDERSTAND HOW PERSONAL BIASES INFLUENCE THEIR PERCEPTIONS AND DETERMINATIONS.

- **SAFE is designed to reduce the influence of bias:** The structure provided by SAFE, family strengths and limitations are systematically identified using uniform criteria.
- **Monitor personal biases:** Good social work practice demands that we frequently and diligently monitor how our biases are influencing us.
- **Inter-rater reliability:** SAFE reduces the influence of personal bias in that it promotes inter-rater reliability.
- **Systematic evaluation deters biased judgments by readers of the home study:** Because there is a systematic evaluation of the information gathered, the reader is not left to draw their own conclusions about the family based on their own personal biases.

NOTES:

PRACTICE VALUE NUMBER SEVEN

HOME STUDIES SHOULD NEVER BE ACCOMPLISHED WITHOUT THE BENEFIT OF SUPERVISION OR CONSULTATION

- **It essential that social workers using SAFE receive quality supervision or consultation:** SAFE in effect opens up a Pandora's box of family issues. Because of this, quality supervision will be a key component of successful implementation of SAFE.
- **Critical decisions:** Every day child welfare workers are making life-altering decisions that are too critical to be made in a vacuum.
- **Psychosocial factors rated as an issue of concern:** A SAFE guideline suggests that all psychosocial factors rated as 3, 4 or 5 should be reviewed with a supervisor or consultant.
- **Identify personal biases and unresolved personal issues that can interfere with provision of services.** One way to adhere to the preceding practice value about personal biases is through supervision.
- **Support:** Workers need to feel supported.

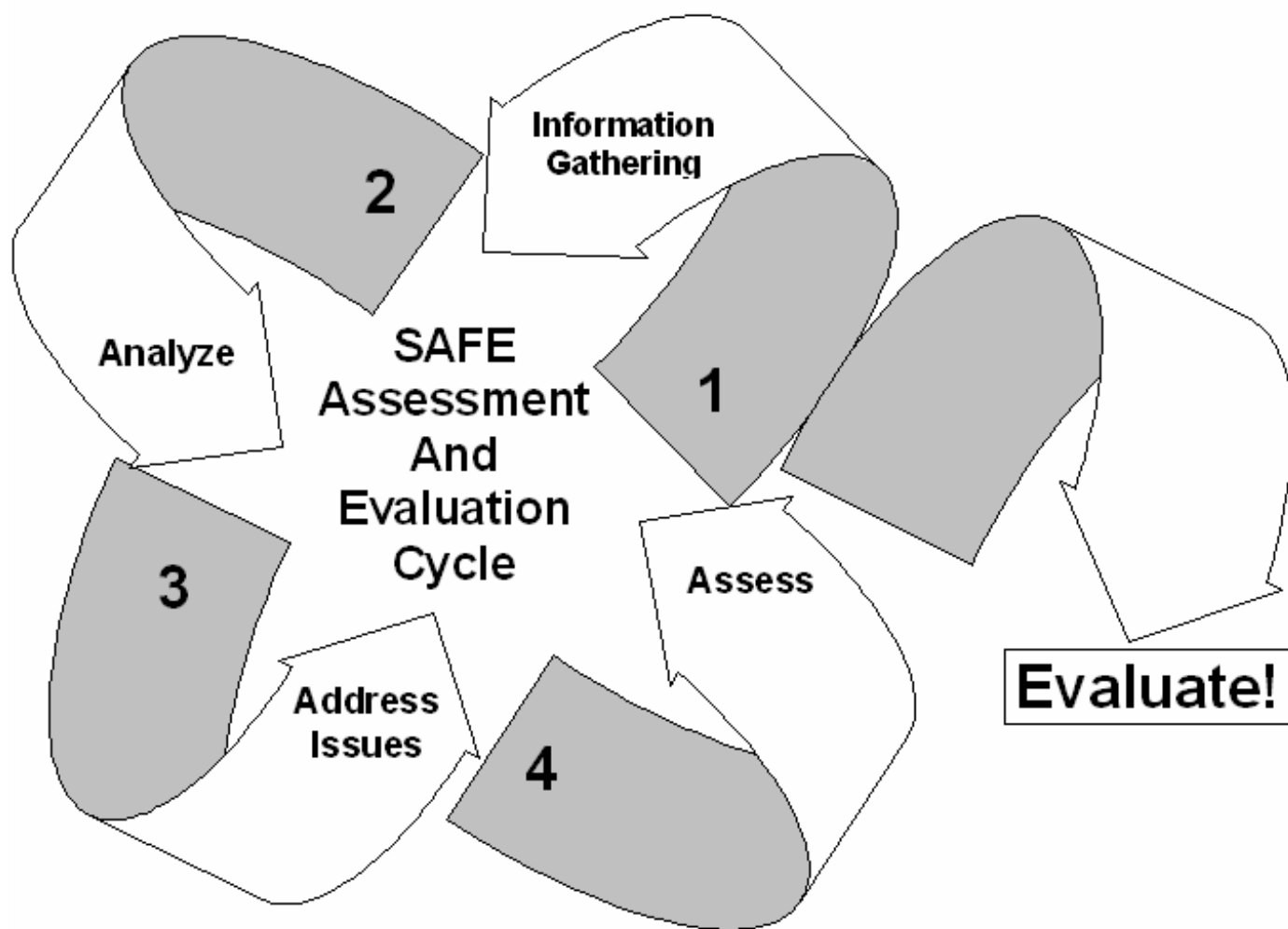
NOTES:

PRACTICE VALUE NUMBER EIGHT

FAMILIES SHOULD BE ADVISED AT THE BEGINNING OF THE HOME STUDY PROCESS THAT THEY WOULD HAVE THE OPPORTUNITY TO READ A COPY OF THE FINAL WRITTEN HOME STUDY REPORT.

- **Families told at outset:** SAFE home study families are told at the outset that they will be able to read a copy of their home study and be active participants in the development of the report.
- **Promotes full disclosure, trust and rapport.**
- **No more unfounded judgments, pejorative language or labeling:**
- **Worker accountability:** It also creates a situation whereby workers will be held accountable for what they write in the home study.

NOTES:



INFORMATION GATHERING TOOLS

QUESTIONNAIRES...

- **PROMOTE MORE TRUTHFUL RESPONSES**
- **PROMOTE INCREASED DISCLOSURE**
- **SAVE TIME**
- **PROMOTE FOCUSED INTERVIEWING**
- **PROMOTE UNIFORMITY**
- **COVER ISSUES THAT ARE OFTEN OVERLOOKED**
- **PROVIDE FOR OPTIMAL FRAMING OF QUESTIONS**
- **REDUCE MISCOMMUNICATION**
- **PROMOTE A SHARED EVALUATION PROCESS**

NOTES:

INFORMATION GATHERING TOOLS

SAFE Questionnaire I

This is a questionnaire that provides the social worker with a wealth of information that formerly was gathered laboriously through the autobiography and follow-up process. The use of the structured SAFE questionnaire gives the family the opportunity for reflection and introspection, saves valuable worker time and gives the worker more accurate information as a starting place. The questionnaire contains pointed, closed-ended questions and provides a variety of possible answers for consideration.

Questionnaire I is a fact-gathering document that pulls together and organizes general background information.

The questionnaire covers eight general areas:

- Personal History
- Work
- Family Relationships
- Marital/Domestic Partner Relationship
- Support System
- Parenting Practices
- Personal and Family Values
- Health

NOTES:

QUESTIONNAIRE I

Instructions: Please answer the following questions as they apply to you. Most of the questions have more than one answer, check all the choices that apply.

PRINT NAME: _____

DATE: _____

1. Who primarily raised you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Older Sibling(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Adoptive Parent(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s) |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Institutional Caretaker(s) |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Legal Guardian(s) |
| | | <input type="checkbox"/> Other: _____ |

2. Were you separated from either or both of your parents during your childhood for any of the following reasons?

- | | | |
|---|--|--|
| <input type="checkbox"/> No separations | <input type="checkbox"/> Abandoned by parent(s) | <input type="checkbox"/> Removed from your home by police or social services |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Parent(s) long-term hospitalization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parent(s) in military | |
| <input type="checkbox"/> Death of parent(s) | <input type="checkbox"/> Parent(s) in prison | |

3. How old were you when you moved away from your parent(s) or primary caretaker(s) home?

- ☐ _____ years old
- ☐ I currently live with my parent(s) or primary caretaker(s)

4. What were the circumstances that led you to leave home?

5. Among the children in your family, what is your position?

- ☐ Only child
- ☐ Number _____ of _____ children

6. Check the boxes that best characterize your childhood relationship with your mother:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Took care of mother |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Warm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Afraid of mother |
| <input type="checkbox"/> Idolized | <input type="checkbox"/> Gentle | <input type="checkbox"/> Consistent | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Neglectful | <input type="checkbox"/> Smothering | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Demonstrative | <input type="checkbox"/> Superficial | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Respectful | <input type="checkbox"/> Close | <input type="checkbox"/> Other: _____ |

7. Check the boxes that best characterize your childhood relationship with your father:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Took care of father |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Warm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Afraid of father |
| <input type="checkbox"/> Idolized | <input type="checkbox"/> Gentle | <input type="checkbox"/> Consistent | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Neglectful | <input type="checkbox"/> Smothering | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Demonstrative | <input type="checkbox"/> Superficial | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Respectful | <input type="checkbox"/> Close | <input type="checkbox"/> Other: _____ |

QUESTIONNAIRE I

8. If you were not primarily raised by your mother and/or father, which of the following best describe your relationship with your primary caretaker(s)?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Non-Applicable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Predictable |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Warm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Idolized | <input type="checkbox"/> Gentle | <input type="checkbox"/> Consistent | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Neglectful | <input type="checkbox"/> Smothering | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Crazy making | <input type="checkbox"/> Superficial | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Respectful | <input type="checkbox"/> Close | <input type="checkbox"/> Other: _____ |

9. Check the boxes that best describe what your childhood experience was like:

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Painful | <input type="checkbox"/> Stable | <input type="checkbox"/> Traumatic |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confusing | <input type="checkbox"/> Spoiled |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Frightening | <input type="checkbox"/> Enjoyable |
| <input type="checkbox"/> Wonderful | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Lonely | <input type="checkbox"/> Stimulating |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Secure | <input type="checkbox"/> Difficult to remember |
| <input type="checkbox"/> Carefree | <input type="checkbox"/> Sickly | <input type="checkbox"/> Other: _____ |

10. Check the boxes that best describe your parents'/primary caretakers' relationship with each other when you were a child:

- | | | |
|---|---|---|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Cold | <input type="checkbox"/> Committed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Loving | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Violent | <input type="checkbox"/> On again/off again |
| <input type="checkbox"/> Close | <input type="checkbox"/> Fulfilling | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Full of Conflict | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Fun and playful | <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Affected by alcohol/drug abuse |
| <input type="checkbox"/> Distrustful and suspicious | <input type="checkbox"/> Tense | <input type="checkbox"/> Other: _____ |

11. How would you rate your parents'/primary caretakers' ability to manage their lives?

Mother or Primary Caretaker

- ☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Unknown

Father or Primary Caretaker

- ☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Unknown

12. Check the boxes that best describe the personal characteristics of your mother or primary caretaker when you were a child:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self centered |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other: _____ |

QUESTIONNAIRE I

13. Check the boxes that best describe the personal characteristics of your father or other primary caretaker when you were a child:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self centered |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other: _____ |

14. Who primarily disciplined you during your childhood?

- | | |
|---|--|
| <input type="checkbox"/> Both parents equally | <input type="checkbox"/> Maternal grandparent(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Paternal grandparent(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Aunt and/or uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Foster parent(s) |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal guardian(s) |
| <input type="checkbox"/> Older sibling(s) | <input type="checkbox"/> Primary caretaker(s) |
| | <input type="checkbox"/> Other: _____ |

15. Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:

- | Mother or Primary Caretaker | | Father or Primary Caretaker | |
|--|---|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed | <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded | <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges | <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences | <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food |
| <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room | <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room |
| <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors | <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints | <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints |
| <input type="checkbox"/> Spanked | (e.g., tied to bed) | <input type="checkbox"/> Spanked | (e.g., tied to bed) |
| <input type="checkbox"/> Physically punished | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physically punished | <input type="checkbox"/> Other: _____ |
| (Other than spanking) | | (Other than spanking) | |

16. Check the boxes that represent the personal values held by your parents/primary caretakers:

- | Mother or Primary Caretaker | | Father or Primary Caretaker | |
|--|---|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Honesty | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness | <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support | <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status | <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status |
| <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education | <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education |
| <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect | <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect |
| <input type="checkbox"/> Freedom of expression | <input type="checkbox"/> Independence | <input type="checkbox"/> Freedom of expression | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Leading a balanced life | <input type="checkbox"/> Making money | <input type="checkbox"/> Leading a balanced life | <input type="checkbox"/> Making money |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Being a parent | <input type="checkbox"/> Fidelity |
| <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy Life Style | <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy Life Style |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |

QUESTIONNAIRE I

17. How do your own personal values compare to those of your parents/primary caretakers?

- ☐ Basically share the same values
- ☐ Share most of their values
- ☐ Share some of their values
- ☐ Do not share any of their values
- ☐ Don't know

18. Check the boxes that best describe your parents'/primary caretakers' attitudes about sexuality when you were a child:

- | Mother or Primary Caretaker | | Father or Primary Caretaker | |
|--|---|--|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Awkward discussing | <input type="checkbox"/> Unknown | <input type="checkbox"/> Awkward discussing |
| <input type="checkbox"/> Open about sexuality | <input type="checkbox"/> Believed sex was sinful | <input type="checkbox"/> Open about sexuality | <input type="checkbox"/> Believed sex was sinful |
| <input type="checkbox"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual attitudes | <input type="checkbox"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual attitudes |
| <input type="checkbox"/> Old fashioned | <input type="checkbox"/> Conservative attitudes | <input type="checkbox"/> Old fashioned | <input type="checkbox"/> Conservative attitudes |
| <input type="checkbox"/> Never discussed sex | <input type="checkbox"/> Sexually repressed | <input type="checkbox"/> Never discussed sex | <input type="checkbox"/> Sexually repressed |
| <input type="checkbox"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible | <input type="checkbox"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Knowledgeable |
| <input type="checkbox"/> Supported sex education | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Supported sex education | <input type="checkbox"/> Other: _____ |

19. Check the boxes that best describe what you were like as a child (pre-teenage years):

- | | | | | |
|--|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Awkward | <input type="checkbox"/> Responsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Friendly | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Serious | <input type="checkbox"/> Active | <input type="checkbox"/> Insecure | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Funny | <input type="checkbox"/> Obedient | <input type="checkbox"/> Other: _____ |

20. Check the boxes that best describe what you were like as a teenager:

- | | | | | |
|--|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Awkward | <input type="checkbox"/> Responsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Friendly | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Serious | <input type="checkbox"/> Active | <input type="checkbox"/> Insecure | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Funny | <input type="checkbox"/> Obedient | <input type="checkbox"/> Other: _____ |

21. When you were a child, with whom would you confide?

- | | | |
|---|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt(s)/Uncle(s) | <input type="checkbox"/> Counselor(s)/Teacher(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepparent | <input type="checkbox"/> Psychiatrist(s)/Psychologist(s)/Social Worker(s) |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Primary Caretaker(s) | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Cousins(s) | <input type="checkbox"/> Others: _____ |

22. When you were a child or adolescent, did you require counseling or psychiatric care?

- ☐ No
- ☐ Yes

23. Are there issues, traumatic incidents or accidents from your childhood that currently cause you distress?

- ☐ No
- ☐ Yes

QUESTIONNAIRE I

24. Check the boxes that best describe your early dating experiences:

- | | | | |
|---------------------------------------|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Didn't date | <input type="checkbox"/> Traumatic | <input type="checkbox"/> Extensive | <input type="checkbox"/> Frightening |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Too much too soon | <input type="checkbox"/> Unusual | <input type="checkbox"/> Exciting |
| <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Dull | <input type="checkbox"/> Pressured | <input type="checkbox"/> Limited |
| | | | <input type="checkbox"/> Other: _____ |

25. Check the boxes that best describe your early sexual experiences:

- | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Limited | <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Pleasurable |
| <input type="checkbox"/> Traumatic | <input type="checkbox"/> Unusual | <input type="checkbox"/> Confusing | <input type="checkbox"/> Abusive |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Romantic | <input type="checkbox"/> Shameful | <input type="checkbox"/> Pressured |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Regretful | <input type="checkbox"/> Amusing | <input type="checkbox"/> Other: _____ |

26. If you were married previously, how did your marriage(s) end?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Death of spouse(s) | <input type="checkbox"/> Annulment |

27. If you were previously in a domestic partnership(s), how did your partnership(s) end?

- | |
|--|
| <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Terminated partnership without legal agreement(s) |
| <input type="checkbox"/> Terminated partnership with legal agreement(s) |

28. If you went through a divorce or terminated a domestic partnership, check the boxes that best describe what the experience was like for you:

- | | | | |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Painful | <input type="checkbox"/> Crazy | <input type="checkbox"/> A relief |
| <input type="checkbox"/> Easy | <input type="checkbox"/> Unfair | <input type="checkbox"/> Frustrating | <input type="checkbox"/> Long and drawn out |
| <input type="checkbox"/> Expensive | <input type="checkbox"/> Bitter | <input type="checkbox"/> Fair | <input type="checkbox"/> Depressing |
| <input type="checkbox"/> Frightening | <input type="checkbox"/> Amicable | <input type="checkbox"/> Devastating | <input type="checkbox"/> Other: _____ |

29. Have you ever been in a custody dispute?

- ☐ No ☐ Yes

30. How long did you know your current spouse/partner before you were married or established a domestic partner relationship?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> 8 to 12 years |
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 to 4 years | <input type="checkbox"/> 13 or more years |
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 5 to 7 years | |

31. Check the boxes that best describe the characteristics of your current spouse/partner:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Playful | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Smart |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Distant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Social |
| <input type="checkbox"/> Uncaring | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Competitive | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Athletic | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Workaholic | <input type="checkbox"/> Faultfinding | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Dogmatic | <input type="checkbox"/> Careful | <input type="checkbox"/> Abusive | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Quick tempered | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Worrier | <input type="checkbox"/> Depressed | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Domineering | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Supportive | <input type="checkbox"/> Communicative | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Predictable | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Considerate | <input type="checkbox"/> Anxious | <input type="checkbox"/> Other: _____ |

QUESTIONNAIRE I

32. Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:

Roles you play in relationship		Roles spouse/partner plays in relationship	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Wage earner	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Wage earner
<input type="checkbox"/> Head of household	<input type="checkbox"/> Decision maker	<input type="checkbox"/> Head of household	<input type="checkbox"/> Decision maker
<input type="checkbox"/> Leader	<input type="checkbox"/> Rational one	<input type="checkbox"/> Leader	<input type="checkbox"/> Rational one
<input type="checkbox"/> Emotional one	<input type="checkbox"/> Organizer	<input type="checkbox"/> Emotional one	<input type="checkbox"/> Organizer
<input type="checkbox"/> Social planner	<input type="checkbox"/> Compromiser	<input type="checkbox"/> Social planner	<input type="checkbox"/> Compromiser
<input type="checkbox"/> Initiator	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Initiator	<input type="checkbox"/> Caregiver
<input type="checkbox"/> Peacemaker	<input type="checkbox"/> Follower	<input type="checkbox"/> Peacemaker	<input type="checkbox"/> Follower
<input type="checkbox"/> Comforter	<input type="checkbox"/> Negotiator	<input type="checkbox"/> Comforter	<input type="checkbox"/> Negotiator
<input type="checkbox"/> Risk taker	<input type="checkbox"/> Manager	<input type="checkbox"/> Risk taker	<input type="checkbox"/> Manager
<input type="checkbox"/> Money manager	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Money manager	<input type="checkbox"/> Homemaker
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

33. How often do you and spouse/partner argue?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Once or twice a year	<input type="checkbox"/> Almost daily
<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice a month	<input type="checkbox"/> Once a day
<input type="checkbox"/> Rarely	<input type="checkbox"/> Once or twice a week	<input type="checkbox"/> Several times a day

34. Check the boxes that best describe the major areas of conflict between you and your spouse/partner?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Personal habits	<input type="checkbox"/> Sexual relations	<input type="checkbox"/> Personal expectations
<input type="checkbox"/> Discipline of children	<input type="checkbox"/> Household chores	<input type="checkbox"/> Politics	<input type="checkbox"/> Friends
<input type="checkbox"/> Religion	<input type="checkbox"/> Work	<input type="checkbox"/> Values	<input type="checkbox"/> Leisure time
<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Infidelity	<input type="checkbox"/> Separate activities	<input type="checkbox"/> Shared activities
<input type="checkbox"/> Emotional closeness	<input type="checkbox"/> Emotional separateness	<input type="checkbox"/> Time apart	<input type="checkbox"/> Time together
<input type="checkbox"/> Family involvement	<input type="checkbox"/> Money	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____

35. Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse/partner:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Agree to disagree
<input type="checkbox"/> Reach agreement through mutual give and take	<input type="checkbox"/> Sometimes yell and shout
<input type="checkbox"/> Take time to think things over before discussing	<input type="checkbox"/> Leave the house to cool off
<input type="checkbox"/> Give in and attempt to smooth things over	<input type="checkbox"/> Become silent
<input type="checkbox"/> Seek outside help such as a counselor/clergy person	<input type="checkbox"/> Try to outwit spouse/partner
<input type="checkbox"/> Sometimes pound or break things	<input type="checkbox"/> Things get physical (pushing, shoving, hitting)
<input type="checkbox"/> Change the topic	<input type="checkbox"/> Other: _____

36. How sexually compatible are you and your spouse/partner?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Compatible	<input type="checkbox"/> Not very compatible
<input type="checkbox"/> Very compatible	<input type="checkbox"/> Somewhat compatible	<input type="checkbox"/> Incompatible

37. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?

☐ No ☐ Yes ☐ Not Applicable

38. Have you and your spouse/partner ever separated?

☐ No ☐ Yes ☐ Not Applicable

QUESTIONNAIRE I

39. Check the boxes that best describe your current relationship with your mother and father:

Relationship with Mother		Relationship with Father	
<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Dependent	<input type="checkbox"/> Father deceased	<input type="checkbox"/> Dependent
<input type="checkbox"/> No contact	<input type="checkbox"/> Loving	<input type="checkbox"/> No contact	<input type="checkbox"/> Loving
<input type="checkbox"/> Strained	<input type="checkbox"/> Very close	<input type="checkbox"/> Strained	<input type="checkbox"/> Very close
<input type="checkbox"/> Distant	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Distant	<input type="checkbox"/> Comfortable
<input type="checkbox"/> Caring	<input type="checkbox"/> Over involved	<input type="checkbox"/> Caring	<input type="checkbox"/> Over involved
<input type="checkbox"/> Emotionally intense	<input type="checkbox"/> Not involved enough	<input type="checkbox"/> Emotionally intense	<input type="checkbox"/> Not involved enough
<input type="checkbox"/> Flexible	<input type="checkbox"/> On again, off again	<input type="checkbox"/> Flexible	<input type="checkbox"/> On again, off again
<input type="checkbox"/> Hostile	<input type="checkbox"/> Problematic	<input type="checkbox"/> Hostile	<input type="checkbox"/> Problematic
<input type="checkbox"/> Understanding	<input type="checkbox"/> Enjoyable	<input type="checkbox"/> Understanding	<input type="checkbox"/> Enjoyable
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Improving	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Improving
<input type="checkbox"/> Manipulative	<input type="checkbox"/> Gratifying	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Gratifying
<input type="checkbox"/> Positive	<input type="checkbox"/> I am caretaker for	<input type="checkbox"/> Positive	<input type="checkbox"/> I am caretaker for
<input type="checkbox"/> Supportive	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Supportive	<input type="checkbox"/> Other: _____

40. How helpful and supportive do you feel members of your extended family are/will be to you as a parent?

Your side of the family	Spouse/Partner's side of the family
<input type="checkbox"/> All family members are helpful and supportive	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Most family members are helpful and supportive	<input type="checkbox"/> All family members are helpful and supportive
<input type="checkbox"/> About half are helpful and supportive	<input type="checkbox"/> Most family members are helpful and supportive
<input type="checkbox"/> Few are helpful and supportive	<input type="checkbox"/> About half are helpful and supportive
<input type="checkbox"/> No family members are helpful and supportive	<input type="checkbox"/> Few are helpful and supportive
	<input type="checkbox"/> No family members are helpful and supportive

41. In some families, different viewpoints concerning such things as life-styles, personal values, religion, socio/economic status, sexual orientation, politics, etc., interfere with family relationships. To what degree is that the case in your family?

☐ Issues such as these do not interfere with relationships within my family
☐ Issues such as these seldom interfere with relationships within my family
☐ Occasionally issues such as these interfere with relationships within my family
☐ Frequently issues such as these interfere with relationships within my family

42. How comfortable are members of your extended family when it comes to being around and relating to children?

Your side of the family	Spouse/Partner's side of the family
<input type="checkbox"/> All family members are comfortable	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Most family members are comfortable	<input type="checkbox"/> All family members are comfortable
<input type="checkbox"/> About half are comfortable	<input type="checkbox"/> Most family members are comfortable
<input type="checkbox"/> Few are comfortable	<input type="checkbox"/> About half are comfortable
<input type="checkbox"/> No family members are comfortable	<input type="checkbox"/> Few are comfortable
	<input type="checkbox"/> No family members are comfortable

43. List your siblings according to how close or distant your relationship is with them:

☐ I don't have any brothers or sisters
☐ I am very close to: _____
☐ I am somewhat close to: _____
☐ I am distant from: _____
☐ I am in conflict with: _____

QUESTIONNAIRE I

44. How many members of your immediate and extended family are ready, willing and able to fully accept an unrelated child into the family?

- ☐ All family members are ready, willing and able to fully accept
- ☐ Most family members are ready, willing and able to fully accept
- ☐ About half are ready, willing and able to fully accept
- ☐ Few are ready, willing and able to fully accept
- ☐ No family member is ready, willing and able to fully accept

45. How many people in your life, outside of your family, are ready, willing and able to provide you support as a parent?

- ☐ There are numerous people who are ready, willing and able to be supportive
- ☐ There are several people who are ready, willing and able to be supportive
- ☐ There are a few select people who are ready, willing and able to be supportive
- ☐ There is one person who is ready, willing and able to be supportive
- ☐ There is nobody who is ready, willing and able to be supportive

46. How many people in your life cause you serious conflict and stress?

- ☐ There are numerous people who cause me serious conflict and stress
- ☐ There are several people who cause me serious conflict and stress
- ☐ There are a few select people who cause me serious conflict and stress
- ☐ There is one person who causes me serious conflict and stress
- ☐ There is nobody who causes me serious conflict and stress

47. Check the boxes that best describe your community involvement:

- | | |
|---|--|
| <input type="checkbox"/> Have no friends that I socialize with | <input type="checkbox"/> Active in politics |
| <input type="checkbox"/> Have a few friends that I socialize with | <input type="checkbox"/> Regular church attendance |
| <input type="checkbox"/> Have many friends that I socialize with | <input type="checkbox"/> Occasional church attendance |
| <input type="checkbox"/> Regular involvement in social organizations | <input type="checkbox"/> Rarely/Never attend religious services |
| <input type="checkbox"/> Occasional involvement in social organizations | <input type="checkbox"/> Active in community organizations |
| <input type="checkbox"/> Rarely get involved in social organizations | <input type="checkbox"/> Occasional involvement in community organizations |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No involvement in community organizations |

48. If you are employed outside of the home, how many hours per week do you work?

- | | | |
|---|--|---|
| <input type="checkbox"/> Non-Applicable | <input type="checkbox"/> 20 - 30 hours | <input type="checkbox"/> 41 - 50 hours |
| <input type="checkbox"/> Less than 20 hours | <input type="checkbox"/> 31 - 40 hours | <input type="checkbox"/> More than 50 hours |

49. If you are employed outside of the home, how long have you worked at your current job?

- ☐ Non-Applicable ☐ ____ years and ____ months

50. Whether you work inside or outside the home, do you enjoy your work?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> All of the time |

51. Have you ever been fired?

- ☐ No ☐ Yes

52. Do you plan any career or job changes in the near future?

- ☐ No ☐ Yes

QUESTIONNAIRE I

53. How do/will you discipline a child in your care?

- | | |
|---|---|
| <input type="checkbox"/> Spanking | <input type="checkbox"/> Physical punishment other than spanking |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Use "time outs" |
| <input type="checkbox"/> Rational discussion | <input type="checkbox"/> Raise my voice |
| <input type="checkbox"/> Consistently use reasonable consequences | <input type="checkbox"/> Have my spouse/partner handle the discipline |
| <input type="checkbox"/> Ignore the child's misbehavior | <input type="checkbox"/> Tell child they are grounded |
| <input type="checkbox"/> Discipline according to how I feel at the time | <input type="checkbox"/> Tell child he/she should be ashamed |
| <input type="checkbox"/> Physical restraint, e.g., strap down in crib | <input type="checkbox"/> Threaten punishment in the future |
| <input type="checkbox"/> Make rules and consequences clear in advance | <input type="checkbox"/> Tell child how angry he/she makes me |
| <input type="checkbox"/> Take away privileges | <input type="checkbox"/> Send child to their room |
| <input type="checkbox"/> Other: _____ | |

54. What is the overall condition of your health?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

55. Have you ever been hospitalized or had surgery?

- ☐ No ☐ Yes

56. Are you currently taking any medication(s)?

- ☐ No ☐ Yes

57. Have you or any of the family members listed below had any of the following conditions? Indicate which family member by using the following code, place the appropriate number in front of the condition:

1 = Self 2 = Parent(s) 3 = Sibling(s) 4 = Children 5 = Spouse/Partner

_____ Diabetes	_____ Arthritis	_____ Seizures
_____ High blood pressure	_____ Cancer	_____ Frequent headaches
_____ Ulcers	_____ Colitis	_____ Asthma
_____ Hearing loss	_____ Impaired sight	_____ Allergies
_____ Kidney disease	_____ Insomnia	_____ Sickle cell anemia
_____ Heart condition	_____ High cholesterol	_____ Tuberculosis
_____ Thyroid condition	_____ Mental retardation	_____ Alcoholism
_____ Drug Addiction	_____ Eating Disorder	_____ Anxiety/Panic attacks
_____ Depression	_____ Bipolar Illness	_____ Schizophrenia
_____ Attention Deficit Disorder	_____ Infertility/Sterility	_____ Sexually transmitted disease
_____ Other condition(s) not listed: _____		

I affirm that the information given in this questionnaire is correct to the best of my ability

Signature _____

Date _____

INFORMATION GATHERING TOOLS

SAFE Questionnaire II

This questionnaire is especially important because it covers the more critical and sensitive areas of family functioning that are often overlooked, avoided or minimized.

Applicants complete Questionnaire II during an interview in the presence of the social worker. This practice promotes more truthful disclosure in that respondents cannot compare their answers before the social worker sees them.

Increased disclosure is also promoted by the practice of meeting individually with each applicant immediately after completion of the questionnaire to discuss any concerns or questions generated by the experience.

Questionnaire II covers ten areas:

- Problem issues/behaviors
- Personal alcohol consumption
- Personal legal/illegal drug usage
- Family substance abuse
- History of childhood/adult sexual, emotional or physical victimization
- Child abuse allegations/convictions
- Family violence and crime
- Family sexual perpetrators
- Domestic violence
- Mental illness

NOTES:

Questionnaire II

PRINT NAME:	DATE:
-------------	-------

1. Have you or your spouse/partner ever experienced any of the following? (Check all that apply)

	<u>SELF</u>	<u>SPOUSE OR PARTNER</u>
N/A (No spouse/partner)		<input type="checkbox"/>
Incarceration.....	<input type="checkbox"/>	<input type="checkbox"/>
Military combat.....	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy.....	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage.....	<input type="checkbox"/>	<input type="checkbox"/>
Infertility.....	<input type="checkbox"/>	<input type="checkbox"/>
Debilitating injury or illness	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization or outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>
Fired from a job	<input type="checkbox"/>	<input type="checkbox"/>
Death of a child or spouse/domestic partner.....	<input type="checkbox"/>	<input type="checkbox"/>
Had a child adopted	<input type="checkbox"/>	<input type="checkbox"/>
Had a child abducted or kidnapped.....	<input type="checkbox"/>	<input type="checkbox"/>
Put under a court restraining order.....	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
None of the above.....	<input type="checkbox"/>	<input type="checkbox"/>

2. Have any of the issues listed below ever presented a problem for you or your spouse/partner? (Check all that apply)

	<u>SELF</u>	<u>SPOUSE OR PARTNER</u>
N/A (No spouse/partner)		<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>
Food.....	<input type="checkbox"/>	<input type="checkbox"/>
Sex.....	<input type="checkbox"/>	<input type="checkbox"/>
Controlling temper	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>
Education.....	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>
None of the above.....	<input type="checkbox"/>	<input type="checkbox"/>

3. Who in your family has used illegal drugs or abused legal drugs? (Check all that apply)

<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Aunt(s)	<input type="checkbox"/> Cousin(s)
<input type="checkbox"/> Spouse or Partner	<input type="checkbox"/> Father	<input type="checkbox"/> Sister(s)	<input type="checkbox"/> Uncle(s)	<input type="checkbox"/> In law(s)
<input type="checkbox"/> Son(s)	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Nieces(s)	<input type="checkbox"/> No family member has
<input type="checkbox"/> Daughter(s)	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Nephew(s)	<input type="checkbox"/> Other(s): _____

4. Who in your family has ever had a problem with alcohol abuse? (Check all that apply)

<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Aunt(s)	<input type="checkbox"/> Cousin(s)
<input type="checkbox"/> Spouse or Partner	<input type="checkbox"/> Father	<input type="checkbox"/> Sister(s)	<input type="checkbox"/> Uncle(s)	<input type="checkbox"/> In law(s)
<input type="checkbox"/> Son(s)	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Nieces(s)	<input type="checkbox"/> No family member has
<input type="checkbox"/> Daughter(s)	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Nephew(s)	<input type="checkbox"/> Other(s): _____

QUESTIONNAIRE II

5. What is the average frequency and amount of alcohol that you and your spouse/partner drink?

	<u>SELF</u>	<u>SPOUSE OR PARTNER</u>
N/A (No spouse/partner)		<input type="checkbox"/>
Daily, one or two drinks	<input type="checkbox"/>	<input type="checkbox"/>
Daily, three or more drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a week, one or two drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a week, three or more drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a month, one or two drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a month, three or more drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a year, one or two drinks	<input type="checkbox"/>	<input type="checkbox"/>
Several times a year, three or more drinks	<input type="checkbox"/>	<input type="checkbox"/>
Never drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you and/or your spouse/partner ever drink alcohol in the morning?

☐ Yes, myself ☐ Yes, my spouse or partner ☐ No

7. Was there ever a time when you and/or your spouse/partner were drinking too much alcohol?

☐ Yes, myself ☐ Yes, my spouse or partner ☐ No

8. As a direct or indirect result of alcohol use, have you or your spouse/partner experienced any of the following? (Check all that apply)

	<u>SELF</u>	<u>SPOUSE OR PARTNER</u>
N/A (No spouse/partner)		<input type="checkbox"/>
Legal difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Arrested or cited for driving under the influence	<input type="checkbox"/>	<input type="checkbox"/>
Absence from work	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Loss of a job	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>
Violent behavior	<input type="checkbox"/>	<input type="checkbox"/>
Arguments with family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient and/or outpatient alcohol treatment program	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

9. Which of the following have you or your spouse/partner used? (Check all that apply)

	<u>SELF</u>	<u>SPOUSE OR PARTNER</u>
N/A (No spouse/partner)		<input type="checkbox"/>
Barbiturates/Sleeping Pills	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter diet pills/other stimulants	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens/LSD/Psilocybin/Mescaline	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants/Glue/Solvents	<input type="checkbox"/>	<input type="checkbox"/>
Quaaludes	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Heroin/Morphine/Opium	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>
Pain Pills	<input type="checkbox"/>	<input type="checkbox"/>
PCP	<input type="checkbox"/>	<input type="checkbox"/>
Club Drugs/Ecstasy/GHB/Rohypnol/Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE II

- 10. As a direct or indirect result of legal or illegal drug use, have you and/or your spouse/partner experienced any of the following? (Check all that apply)**
- | | <u>SELF</u> | <u>SPOUSE OR PARTNER</u> |
|---|--------------------------|--------------------------|
| N/A (No spouse/partner) | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| Absence from work | <input type="checkbox"/> | <input type="checkbox"/> |
| Accidents | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of a job | <input type="checkbox"/> | <input type="checkbox"/> |
| Health problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Arguments with family or friends | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrested for driving under the influence of drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient and/or inpatient drug treatment program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | <input type="checkbox"/> |
- 11. When you were a child or teenager, did any person (adult, teen or child) ever force, trick or coerce you into having any kind of sexual contact with them?**
☐ Yes ☐ No ☐ I don't know if this ever happened to me
- 12. When you were a child or teenager, did any person (adult, teen or child) every hit, push, whip, bite, punch, slap or burn you in a way that resulted in injuries being left on your body?**
☐ Yes ☐ No ☐ I don't know if this ever happened to me
- 13. As an adult, have you ever been sexually abused, assaulted or molested?** ☐ Yes ☐ No
- 14. As an adult, have you ever been physically abused, assaulted or battered?** ☐ Yes ☐ No
- 15. Who in your family has been sexually abused, assaulted or molested as an adult, teenager or child? (Check all that apply)**
- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> I am not sure | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No family member has |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |
- 16. Who in your family has been emotionally abused and/or physically assaulted or battered as an adult, teenager or child? (Check all that apply)**
- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> I am not sure | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No family member has |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |
- 17. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of physical, emotional or sexual child abuse? (Check all that apply)**
- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

QUESTIONNAIRE II

18. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of activities involving child pornography? (Check all that apply)

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

19. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of child neglect? (Check all that apply)

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

20. Have you or anyone in your family ever been arrested for or convicted of a criminal offense? (Check all that apply)

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

21. Have you or anyone in your household ever been struck by anyone living in the home?

- ☐ Yes ☐ No

22. Has your spouse/partner ever hurt you physically by actions such as pushing, slapping, kicking, punching, biting, choking, throwing objects or cutting?

- ☐ N/A ☐ Never ☐ Once ☐ Twice ☐ Several Times ☐ Frequently

23. Has your spouse/partner ever physically forced you to have sexual contact against your will?

- ☐ N/A ☐ Never ☐ Once ☐ Twice ☐ Several Times ☐ Frequently

24. As an adult, teenager or child, have you or your spouse/partner ever gone for counseling or psychotherapy?

- ☐ Yes, self ☐ Yes, spouse or partner ☐ No

25. Do you or anyone in your family have a history of mental illness or suicidal behavior? (Check all that apply).

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

I affirm that the information given in this questionnaire is correct to the best of my ability.

Signature _____

Date _____

INFORMATION GATHERING TOOLS

SAFE FAMILY REFERENCE LETTER

INFORMATION FROM OUTSIDE THE FAMILY

- Structured to parallel the other SAFE information gathering tools
- Promotes thoughtful, focused commentary
- Inhibits both the "halo effect" and its opposite.
- Provides more textured information for analysis and follow-up.

The reference letter is useful in the evaluation of the family rather than obligatory "filler"

NOTES:

TO:

Date:

REFERENCE CONCERNING:

Your name has been given as a reference for the above named applicant(s) who is/are in the process of applying to become adoptive parents. Our agency has the duty of completing an evaluation of this family. The purpose of our evaluation is to determine whether this family is ready, willing and able to care for a child in a safe, responsible and loving manner.

Please answer the following questions and return the completed form within seven days in the enclosed envelope. If you desire to have us keep your name confidential, please indicate.

1. How long have you known the applicant(s)? _____

2. In what capacity do you know the applicant(s)? _____

3. Of the following characteristics, which ones best describe the applicant(s)? (Check all that apply)

Applicant #1		Applicant #2	
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Active
<input type="checkbox"/> Awkward	<input type="checkbox"/> Happy	<input type="checkbox"/> Awkward	<input type="checkbox"/> Happy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional	<input type="checkbox"/> Friendly	<input type="checkbox"/> Emotional
<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous	<input type="checkbox"/> Responsible	<input type="checkbox"/> Nervous
<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Serious	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid	<input type="checkbox"/> Supportive	<input type="checkbox"/> Rigid
<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Calm
<input type="checkbox"/> Moody	<input type="checkbox"/> Involved	<input type="checkbox"/> Moody	<input type="checkbox"/> Involved
<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible	<input type="checkbox"/> Confident	<input type="checkbox"/> Flexible
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Fun
<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive	<input type="checkbox"/> Compulsive	<input type="checkbox"/> Assertive
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Careful
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

4. What kind of experience has/have the applicant(s) had with children? _____

5. In your opinion, is/are the applicant(s) capable of providing love and security to a child. (Check one for each person)

Applicant #1

- ☐ Strongly Agree
☐ Agree
☐ Somewhat agree
☐ Disagree
☐ Strongly disagree

Applicant #2

- ☐ Strongly Agree
☐ Agree
☐ Somewhat agree
☐ Disagree
☐ Strongly disagree

6. To your knowledge, is/are this/these applicant(s) affiliated with any cults, groups or organizations that promote beliefs which cause you concern and/or seem incompatible with responsible parenting?

☐ Yes ☐ No **If Yes**, please name: _____

7. Below, please find a list of problem behaviors. Have any of these behaviors been a problem for this/these applicant(s)?

Applicant #1

- ☐ Excessive use of alcohol
☐ Poor work history
☐ Child abuse
☐ Drug abuse
☐ Violent behavior
☐ Poor money management
☐ Compulsive gambling
☐ Deviant sexual behavior
☐ Mental illness
☐ Criminal activities
☐ Other: _____

Applicant #2

- ☐ Excessive use of alcohol
☐ Poor work history
☐ Child Abuse
☐ Drug abuse
☐ Violent behavior
☐ Poor money management
☐ Compulsive gambling
☐ Deviant sexual behavior
☐ Mental illness
☐ Criminal activities
☐ Other: _____

8. If you checked any of the problem behaviors listed in question #7, please elaborate on the nature of the problem and how it was dealt with:

9. This is a compatible couple with a strong, loving and stable relationship. (Please check one)

☐ N/A ☐ Strongly agree ☐ Agree ☐ Somewhat agree ☐ Disagree ☐ Strongly disagree

10. Which of the following statements best describe the level of community involvement maintained by this/these applicant(s)? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Regularly attend church | <input type="checkbox"/> Occasionally attend church | <input type="checkbox"/> Never attend church |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |

11 Would you feel comfortable allowing this/these applicant(s) to care for your child permanently if you were unable to do so?

- ☐ Very comfortable ☐ Comfortable ☐ Somewhat comfortable ☐ Uncomfortable ☐ Very uncomfortable

12. Is there anything that we have not covered in this questionnaire that you believe would be important for us to know about **Applicant's Full Name** or **Applicant's Full Name**?

13. It would be helpful to us to know whether you plan to discuss the contents of your reply with the applicant(s). Please check the statement that reflects your intention.

- | | |
|---|---|
| <input type="checkbox"/> I plan to discuss the content of my reply | <input type="checkbox"/> I have discussed the content of my reply |
| <input type="checkbox"/> I do not plan to discuss the content of my reply | <input type="checkbox"/> I desire to have my name kept confidential |

Signature

Date

Thank you for your time in completing this questionnaire. Please return the questionnaire in the enclosed self addressed envelope to: *agency address*

PSYCHOSOCIAL INVENTORY AND DESK GUIDE

The Psychosocial Inventory serves as the outline for the psychosocial evaluation contained in the SAFE written home study report. Psychosocial Inventory factors are rated on a five-point scale that measures each factor on a positive to negative continuum. The “Overall Evaluation of Section Rating” then establishes the soundness and integrity of each section on the Psychosocial Inventory.

The Psychosocial Inventory uses specific criteria to be considered uniformly by every worker in every case, thus insuring that critical issues are not overlooked. Processing information using the Inventory focuses subsequent interviews by identifying the areas where more information and further exploration is needed.

The Psychosocial Desk Guide defines each psychosocial factor in the Psychosocial Inventory and provides examples that guide evaluators to the most appropriate numerical rating for each factor.

The process facilitates a clear identification of specific family strengths and issues of concern. The clear and timely identification of issues of concern enables the social worker to articulate succinctly these concerns to the family. Feedback helps the family understand what needs to be changed and why change is important. Because judgments are quantified, change is easy to measure over time.

The Psychosocial Inventory contains 68 psychosocial factors listed within the following nine sections.

- History
- Personal Characteristics
- Marital/Domestic Partner Relationship
- Sons/Daughters/Others Residing or Frequently in the Home
- Extended Family Relationships
- Physical/Social Environment
- General Parenting
- Specialized Parenting
- Adoption Issues

NOTES:

Psychosocial Inventory

Name (# 1): _____

Name (# 2): _____

Evaluator: _____

Interview with: _____ on _____
 _____ on _____
 _____ on _____
 _____ on _____

Evaluation is for the purpose of: (Check all that apply)

☐ Matched Adoption Home Study

☐ Unmatched Adoption Home Study

☐ Foster Care Licensure

☐ Foster Care Licensure Renewal

☐ Relative Placement

☐ Reunification Services Plan

☐ Family Maintenance Services

☐ Other:

Instructions:

- Consider and rate all the psychosocial factors on this Inventory after each face-to-face contact with the person(s) being evaluated.
- Using the general definitions of the numbered ratings found below and the operational definitions provided in the Psychosocial Inventory Desk Guide, mark the number to the right of the factor being evaluated which best reflects your judgment.
- Use a different marking to make your ratings each time you complete this form. Computer markings can be color-coded. For handwritten markings, the following code is recommended:
 - 1st Interview - Use a line slanted right (**/**) to mark through the rating numbers chosen.
 - 2nd Interview - Use a line slanted left (****) to mark through the rating numbers chosen.
 - 3rd Interview - Use a diagonal line (**-**) to mark through the rating numbers chosen.
 - 4th Interview - Circle the numbered ratings chosen.
 - 5th Interview - Use a filled in circle over the numbered ratings chosen.
- If a factor continues to receive the same numbered rating after each completion of the Inventory, the handwritten markings described above would be superimposed over each other on that number. Discretionary notes can be added at the end of the document to clarify or expand upon significant issues.
- All factors rated as an issue of concern (rating of 3, 4 or 5), at any point in time, will require full narration in the psychosocial evaluation report in order to provide the basis for the rating and describe how the issue was addressed.
- All factors that received a final rating of 1 will require full narration in the psychosocial evaluation report in order to provide the basis for the rating and acknowledge the exceptional strength.
- The Overall Evaluation of Section ratings determine the integrity of each section. The Overall Evaluation of Section ratings are not made until the final ratings are established during the final completion of the Inventory.
- For the History Section only, the influence that any factor receiving a final rating of 3, 4 or 5 will have on the Overall Evaluation of Section rating depends upon the effect childhood/adult historical issues of concern have on current functioning.
- For the remaining Inventory sections, the influence that any factor receiving a final rating of 3, 4 or 5 has on the Overall Evaluation of Section rating will depend upon the need and prognosis for positive change.

DEFINITION OF NUMBERED RATINGS

- | | |
|----------|--|
| 1 | EXCEPTIONAL STRENGTH
Represents exceptional strengths that positively influence safe and/or healthy family functioning and parenting. |
| 2 | STRENGTH
Represents strengths that positively influence safe and/or healthy family functioning and parenting. |
| 3 | ISSUE OF CONCERN
Represents an issue that could or would impede safe and/or healthy family functioning and parenting. |
| 4 | MAJOR ISSUE OF CONCERN
Represents a more serious issue that could or would impede safe and/or healthy family functioning and parenting. |
| 5 | VERY SERIOUS PROBLEM
Represents an extremely problematic issue that could or would severely impede safe and/or healthy family functioning and parenting. |

Psychosocial Inventory - Page 2

A. HISTORY		Person # 1					Person # 2				
A-1.	Childhood Family Adaptability	1	2	3	4	5	1	2	3	4	5
A-2.	Childhood Family Cohesion	1	2	3	4	5	1	2	3	4	5
A-3.	Childhood History of Deprivation/Trauma	1	2	3	4	5	1	2	3	4	5
A-4.	Childhood History of Victimization	1	2	3	4	5	1	2	3	4	5
A-5.	Adult History of Victimization/Trauma	1	2	3	4	5	1	2	3	4	5
A-6.	History of Child Abuse/Neglect	1	2	3	4	5	1	2	3	4	5
A-7.	History of Alcohol/Drug Use	1	2	3	4	5	1	2	3	4	5
A-8.	History of Crime/Allegations/Violence	1	2	3	4	5	1	2	3	4	5
A-9.	Psychiatric History	1	2	3	4	5	1	2	3	4	5
A-10.	Occupational History	1	2	3	4	5	1	2	3	4	5
A-11.	Marriage/Domestic Partner History	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION:		1	2	3	4	5	1	2	3	4	5

B. PERSONAL CHARACTERISTICS		Person # 1					Person # 2				
B-1.	Communication	1	2	3	4	5	1	2	3	4	5
B-2.	Commitment/Responsibility	1	2	3	4	5	1	2	3	4	5
B-3.	Problem Solving	1	2	3	4	5	1	2	3	4	5
B-4.	Interpersonal Relations	1	2	3	4	5	1	2	3	4	5
B-5.	Health/ Physical Stamina	1	2	3	4	5	1	2	3	4	5
B-6.	Self-esteem	1	2	3	4	5	1	2	3	4	5
B-7.	Acceptance of Differences	1	2	3	4	5	1	2	3	4	5
B-8.	Coping Skills	1	2	3	4	5	1	2	3	4	5
B-9.	Impulse Control	1	2	3	4	5	1	2	3	4	5
B-10.	Mood	1	2	3	4	5	1	2	3	4	5
B-11.	Anger Management/Resolution	1	2	3	4	5	1	2	3	4	5
B-12.	Judgment	1	2	3	4	5	1	2	3	4	5
B-13.	Adaptability	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION:		1	2	3	4	5	1	2	3	4	5

C. MARITAL/DOMESTIC PARTNER RELATIONSHIP							
C-1.	Conflict Resolution		1	2	3	4	5
C-2.	Emotional Support		1	2	3	4	5
C-3.	Attitude Toward Spouse/Partner		1	2	3	4	5
C-4.	Communication Between Couple		1	2	3	4	5
C-5.	Balance of Power		1	2	3	4	5
C-6.	Stability of the Marriage/Partnership		1	2	3	4	5
C-7.	Sexual Compatibility		1	2	3	4	5
OVERALL EVALUATION OF SECTION:			1	2	3	4	5

Psychosocial Inventory – Page Three

D. SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME					
D-1.	Minor Sons/Daughters				
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
D-2.	Other Minors Residing or Frequently in the Home				
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
D-3.	Adult Sons/Daughters				
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
D-4.	Adults Residing or Frequently in the Home				
Name:	1	2	3	4	5
Name:	1	2	3	4	5
Name:	1	2	3	4	5
OVERALL EVALUATION OF SECTION:					1 2 3 4 5

E. EXTENDED FAMILY RELATIONSHIPS		Person # 1	Person # 2
E-1.	Extended Family Cohesion	1 2 3 4 5	1 2 3 4 5
E-2.	Extended Family Adaptability	1 2 3 4 5	1 2 3 4 5
E-3.	Relationship with own Extended Family	1 2 3 4 5	1 2 3 4 5
E-4.	Relationship with Spouse's/Partner's Family	1 2 3 4 5	1 2 3 4 5
OVERALL EVALUATION OF SECTION:		1 2 3 4 5	1 2 3 4 5

F. PHYSICAL/SOCIAL ENVIRONMENT		
F-1.	Cleanliness/Orderliness/Maintenance	1 2 3 4 5
F-2.	Safety	1 2 3 4 5
F-3.	Furnishings	1 2 3 4 5
F-4.	Play Area/Equipment/Clothing	1 2 3 4 5
F-5.	Finances	1 2 3 4 5
F-6.	Support System	1 2 3 4 5
F-7.	Household Pets	1 2 3 4 5
OVERALL EVALUATION OF SECTION:		1 2 3 4 5

Psychosocial Inventory – Page Four

G. GENERAL PARENTING		Person # 1					Person # 2				
G-1.	Child Development	1	2	3	4	5	1	2	3	4	5
G-2.	Parenting Style	1	2	3	4	5	1	2	3	4	5
G-3.	Disciplinary Methods	1	2	3	4	5	1	2	3	4	5
G-4.	Child Supervision	1	2	3	4	5	1	2	3	4	5
G-5.	Learning Experiences	1	2	3	4	5	1	2	3	4	5
G-6.	Parental Role	1	2	3	4	5	1	2	3	4	5
G-7.	Child Interactions	1	2	3	4	5	1	2	3	4	5
G-8.	Communication with Child	1	2	3	4	5	1	2	3	4	5
G-9.	Basic Care	1	2	3	4	5	1	2	3	4	5
G-10.	Child's Play	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION:		1	2	3	4	5	1	2	3	4	5

H. SPECIALIZED PARENTING		Person # 1					Person # 2				
H-1.	Expectations	1	2	3	4	5	1	2	3	4	5
H-2.	Effects of Abuse/Neglect	1	2	3	4	5	1	2	3	4	5
H-3.	Effects of Sexual Abuse	1	2	3	4	5	1	2	3	4	5
H-4.	Effects of Separation/Loss	1	2	3	4	5	1	2	3	4	5
H-5.	Structure	1	2	3	4	5	1	2	3	4	5
H-6.	Therapeutic/Educational Resources	1	2	3	4	5	1	2	3	4	5
H-7.	Birth Sibling Relationships	1	2	3	4	5	1	2	3	4	5
H-8.	Child Background Information	1	2	3	4	5	1	2	3	4	5
H-9.	Birth Parent Issues	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION:		1	2	3	4	5	1	2	3	4	5

I. ADOPTION ISSUES		Person # 1					Person # 2				
I-1.	Infertility	1	2	3	4	5	1	2	3	4	5
I-2.	Telling Child About Adoption	1	2	3	4	5	1	2	3	4	5
I-3.	Openness in Adoption	1	2	3	4	5	1	2	3	4	5
I-4.	Adoptive Parent Status	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION:		1	2	3	4	5	1	2	3	4	5

Psychosocial Inventory – Page 5

Notes:

History: _____

Personal Characteristics: _____

Marital/Domestic Partner Relationship: _____

Sons/Daughters/Others Residing or Frequently In The Home: _____

Extended Family Relationships: _____

Physical/Social Environment: _____

General Parenting: _____

Specialized Parenting: _____

Adoption Issues: _____

SAFE

Structured Analysis Family Evaluation



DESK GUIDE

to the

PSYCHOSOCIAL INVENTORY

A.	HISTORY
	A-1. Childhood Family Adaptability
Refers to the impact childhood family communication patterns, acceptance of differences, decision making/conflict resolution methods, and family roles/rules/expectations have on the childhood family's capacity to adapt.	
Rating	
1	Exceptional Strength: Use this rating when one or more examples below for a 2 rating were carried out in an exceptional manner and none of the examples for a rating of 3, 4, or 5 apply.
2	<ul style="list-style-type: none"> • family members were able to make adjustments to accommodate new experiences and/or relationships • family communication was respectful, clear, and well received • family members were ready, willing, and able to respectfully accept differences and embrace new family members • family decision making process took into account the needs, wishes, and best interest of the entire family • effective conflict resolution processes were in place
3	<ul style="list-style-type: none"> • family did not respond well to change, e.g. either resisted making adjustments or family members became confused and disorganized • family communication was sometimes confusing and disrespectful, e.g. double messages • some family members had difficulty accepting differences and “outsiders” into the family • family decision making process rarely took into account the needs, wishes, and best interest of the entire family, e.g. family engaged in endless negotiations that went nowhere • conflicts within the family were rarely resolved in a healthy manner, e.g. lots of sarcasm, family rules and expectations were unclear and/or inconsistently applied, and/or family roles were not age-appropriate and functional
4	<ul style="list-style-type: none"> • when change was needed, family rigidly held on to old ways or things became chaotic • family communication was consistently disrespectful, unclear, deceptive, and/or confusing • most family members had difficulty accepting differences; and “outsiders” into the family • family decision making process consistently failed to take into account the needs, wishes, and best interest of the entire family • conflicts within the family were never dealt with in a healthy manner, e.g. lots of yelling screaming and verbal abuse • family rules and expectations were ill defined and/or extremely rigid, e.g. roles were unchangeable roles; unrealistic and nonnegotiable rules, e.g. all children must go to college
5	<ul style="list-style-type: none"> • when change was needed, family responded with extreme rigidity or chaos • family communication was extremely deceptive, confusing, inconsistent, and/or disrespectful • family members had no tolerance for differences; new family members were rejected • family decision making process was totally dysfunctional and detrimental to family members • family was totally incapable of resolving conflicts in a healthy manner, e.g. conflicts often led to physical violence • extremely dysfunctional family roles, rules, and expectations were nonnegotiable and rigidly applied or in constant flux causing family chaos, e.g. children took care of parents

Reminder! Refers to the level of family adaptability in the applicant's childhood family as measured on the Circumplex Model adaptability scale. Family adaptability is measure by considering childhood family communication patterns, acceptance of differences, decision making/conflict resolution methods and family roles/rules/expectations had on the childhood family's capacity to adapt when change was indicated.

	A-2. Childhood Family Cohesion
<p>Refers to the degree and quality of the emotional connections with parents and within the childhood family system. For definitional purposes, “parent” refers to whomever was considered to be a primary parental figure whether they were blood or non-blood related, e.g. adoptive parents, foster parents, relative caregivers, etc.</p>	
Rating	
1	<p>Exceptional Strength: Use this rating when one or more examples below for a 2 rating were carried out in an exceptional manner and none of the examples for a rating of 3, 4, or 5 apply.</p>
2	<ul style="list-style-type: none"> • healthy family emotional connections, e.g. family related with warmth, caring, support, and humor • clear, yet permeable family boundaries created both a sense of family belonging and connectedness to the outside world • developed a proud and knowledgeable identification with ethnic/cultural roots • good parental responsiveness (attuned to the child, accurate empathy with child, and appropriately modulated attention) • parent(s) were able to effectively incorporate both warmth (acceptance) and control (restriction) into their parenting style
3	<ul style="list-style-type: none"> • some family relationships were overly enmeshed or disengaged, e.g. one parent was emotionally unavailable • vague family boundaries did not provide for a strong sense of acceptance and belonging or clear but impermeable boundaries causing members to feel unconnected to the outside world • weak identification with and/or no knowledge of ethnic/cultural roots • marginal parental responsiveness, e.g. marginal attunement and inaccurate empathy • parent(s) were limited in their ability to effectively incorporate a balance of warmth (acceptance) and control (restriction) into their parenting style
4	<ul style="list-style-type: none"> • most family relationships were overly enmeshed or disengaged, e.g. family members felt each other’s feelings as if they were their own and intruded into each other’s space, thoughts, and relationships • extremely unclear family boundaries caused members to feel alienated and rootless or extremely closed, impermeable boundaries caused members to feel isolated and trapped • shame-based rejection of ethnic or cultural roots • poor parental responsiveness, e.g. very preoccupied parent, poorly attuned to child • parent(s) were unable to effectively incorporate a balance of warmth (acceptance) and control (restriction) into their parenting style, e.g. parent(s) were warm and overly permissive or cold and overly controlling
5	<ul style="list-style-type: none"> • virtually all family relationships were extremely enmeshed or disengaged • complete lack of functional family boundaries precluded healthy emotional connections • felt extreme shame and need to deny ethnic/cultural roots • profoundly dysfunctional parent(s) was/were unresponsive, indifferent, and neglecting, and paid no attention to their child’s needs • extreme imbalance of warmth and control, e.g. parenting was hostile and aggressive and/or totally lacking in control or extreme over controlling

Reminder! Refers to the degree and quality of emotional connections that existed within the applicant's childhood family as measured on the Circumplex Model cohesion scale. Family cohesion is measured by considering the family connectedness, family boundaries, identification with ethnic/cultural roots, parental responsiveness and the balance between parental warmth and control.

	A-3. Childhood History of Deprivation/Trauma
Refers to deprivation and/or trauma such as family instability, neglect, separation and loss, and/or other traumatic events experienced as a child and/or adolescent (age 18 and under).	
Rating	
1	N/A
2	<ul style="list-style-type: none"> • grew up in a stable family environment • emotional and developmental needs were well met • medical, dental, educational, and basic needs for food, clothing, and shelter were consistently well met • no history of accidents or incidents involving serious physical or emotional trauma • no history of separation and/or loss involving a significant loved one during childhood
3	<ul style="list-style-type: none"> • moderate childhood family instability, e.g. frequent moves, attended many schools • emotional and developmental needs were not adequately met due to issues such as family financial crisis, family conflict, loss of contact with one parent, parents were unemployed, etc. • medical, dental, educational, and basic needs for food, clothing, and shelter were not consistently met • as a child and/or adolescent was involved in an accident or incident where moderate physical and/or emotional trauma was incurred • as a child and/or adolescent experienced some upsetting separation and/or loss, e.g. death of a grandparent, one parent left home due to divorce, long-term hospitalization, etc.
4	<ul style="list-style-type: none"> • substantial childhood family instability • emotional and developmental needs were unmet due to issues such as alcoholic parent(s), illegal drug use, domestic violence, mentally ill parent(s), poverty, etc. • medical, dental, educational, and basic needs for food, clothing, and shelter were rarely met • as a child and/or adolescent was involved in an accident or incident where serious physical and/or emotional trauma was incurred • as a child and/or adolescent experienced some traumatic separation and loss, e.g. death of a parent, protracted separation from parents, foster care placements, adoption, etc.
5	<ul style="list-style-type: none"> • extreme childhood family instability • emotional and developmental needs were totally unmet due to issues such as psychotic parent(s), parental abandonment, criminal activities, chronic drug addiction, prostitution, etc. • medical, dental, educational, and basic needs for food, clothing, and shelter were severely neglected; child protection services were or should have been instituted • as a child and/or adolescent was involved in one or more very serious accidents/incidents where extreme physical and/or emotional trauma was incurred, e.g. lost arm or leg in a car accident • as a child and/or adolescent experienced tragic and highly traumatic separation and loss, e.g. witnessed murder of a parent

	A-4. Childhood History of Victimization
Refers to any physical, sexual, and/or psychological abuse experienced as a child or adolescent (age 18 and under).	
Rating	
1	N/A
2	<ul style="list-style-type: none"> • no childhood or adolescent history of physical abuse or corporal punishment • no childhood or adolescent history of sexual abuse • no history of psychological abuse such as constant belittling by parents or severe ridicule by peers that resulted in mental suffering
3	<ul style="list-style-type: none"> • as a child and/or adolescent was hit, whipped, punched, and/or slapped in a way that did not leave bodily injuries, e.g. parents used mild corporal punishment • as a child and/or adolescent, there was an isolated incident of being forced, tricked, or coerced by a non-family member-adult and/or another child into having sexual contact with him/her • as a child and/or adolescent experienced constant teasing and put-downs from family and/or peers about characteristics such as weight, height, physical features, speech impediment, etc.
4	<ul style="list-style-type: none"> • as a child and/or adolescent did experience being hit, pushed, whipped, bitten, punched, slapped, and/or burned in a harsh manner and/or in a way that left bodily injuries, e.g. parent(s) used harsh corporal punishment • as a child and/or adolescent experienced several incidences of severe sexual abuse by non-family members or isolated incident of being sexually violated by a family member, e.g. molested by uncle but family members refused to believe incident occurred • as a child and/or adolescent never received recognition for accomplishments or talents; shamed and ridiculed by family and/or peers, made to feel inferior, e.g. told they were bad or useless
5	<ul style="list-style-type: none"> • as a child and/or adolescent did experience severe physical abuse, e.g. multiple severe whippings that left permanent physical scars • as a child and/or adolescent had multiple sexual abuse experiences that were extremely traumatic either due to the frequency and severity and/or that the perpetrator was a family member, e.g. secret incest relationship between father and daughter • as a child and/or adolescent experienced severe emotional abuse as well as constant excessive public and private humiliation

INTRODUCTION TO THE WRITTEN HOME STUDY REPORT

SAFE WEB SITE: There are two basic SAFE home study templates.

Multipurpose Home Study Template (one for a single applicant and one for couples): This template is used for applicants who have not identified a specific child to be placed with them. It can be used for adoption home studies, foster care home studies or consolidated home studies (foster care and adoption combined).

Child Specific Home Study Template (one for a single applicant and one for couples): This template is used for applicants who want to be considered for a specific child. For example a relative placement or foster parents wanting to adopt their foster child.

UNIFORMITY: The SAFE written home study report provides social workers with a uniform, formatted model for both matched and unmatched families

NEED FOR DESCRIPTIVE INFORMATION: The first half of the preformatted written home study report contains factual identifying and descriptive information gathered during the home study process.

PSYCHOSOCIAL EVALUATION: The second half of the preformatted written home study report contains the psychosocial evaluation.

Home Study Report

This home study was completed by Name of Public/Private Agency solely for use in domestic foster care placement and/or adoption by and for United States licensed/authorized agencies unless otherwise specified.

Name of Family:		
Address:		
City:	State:	Postal Code: 00000 - 0000
Home Phone:	Cell Phone:	

APPLICATION DISPOSITION

Select One: _____
 Select One: _____

The Applicants have applied to accept placement of a child between the ages of Select One to Select One
 The Applicants Select One open to placement of a sibling group.
 The Applicants are primarily interested in becoming Select One.

APPLICANT INFORMATION

Applicant's Full Name		Applicant's Full Name	
Date of Birth:		Date of Birth:	
Birthplace:		Birthplace:	
Gender:		Gender:	
Religion:		Religion:	
Occupation:		Occupation:	
Language(s):		Language(s):	
Education:		Education:	
Height:		Height:	
Weight:		Weight:	
Hair:		Hair:	
Eyes:		Eyes:	
Date of health questionnaire/report:		Date of health questionnaire/report:	
TB test results:	Select One	TB test results:	Select One

MARITAL INFORMATION

Date of Marriage:	Marriage Verification: On File
Place of Marriage:	

DATES OF CONTACT

Date	Individual/Couple	Location

MOTIVATION

Indicate both Applicants' stated reasons for wanting to become a foster parent, an adoptive parent, a foster adoptive parent or resource family.

HOME ENVIRONMENT

Describe general characteristics of the Applicants' home and neighborhood. Indicate the type of residence (house, apartment, condo, etc.) and square footage. Describe the floor plan including the number of bedrooms and bathrooms.

Describe the yard space and indicate if there is a pool or spa. Describe the sleeping arrangements and also indicate whether or not there are guns or pets in the home.

The interior and exterior of the home was inspected for health and safety hazards. The inspection was completed on .

FAMILY

Applicant #1: Applicant's Full Name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicant #2: Applicant's Full Name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicants' Sons and Daughters

Indicate "None" or provide name(s), DOB and gender. Describe their personality, interests, school or occupational situation, general health and living situation.

Other children living or frequently in the home

Indicate "None" or provide name(s), DOB, gender. Provide description of their personality, interests, school report information if any, general health. Indicate nature of relationship to Applicants, and living situation.

Other adults residing or frequently in the home

Indicate name of any adult who is living in the home or who is in the home on a regular basis. Describe the amount and type of contact they would have with a child.

Indicate each individual's occupation, general health, TB results (if they live in the home) and the nature of their relationship to the Applicants.

Family Lifestyle

Describe current and proposed child care arrangements and work and non-work day routines and rituals.

What are the basic household rules and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Describe how the family deals with privacy and nudity in the home.

What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent?

Previous adoptions or foster care experience

Indicate "None" or discuss the circumstances and the adjustment of the child or children to the family.

FINANCES

Combined annual gross earned income: \$

Sources of additional income: Explain, if any

CRIMINAL/CHILD ABUSE RECORD

The required criminal record and Child Abuse Index checks were completed for Applicant's Full Name and Applicant's Full Name. Indicate the name(s) of any other individuals who were screened.

Department of Justice: Indicate the DOJ findings for each individual.

Child Abuse Index Check: Indicate the CAI findings for each individual.

Other findings: Indicate who was screened for any of the following and the findings for each person: FBI, DMV, Juvenile Arrest Index and CPS service records as applicable.

EMERGENCY CARE PLAN

In case of an incapacitating illness or death of the Applicants, indicate whom the designated caretaker(s) will be and the nature of their relationship to the Applicants.

Indicate if these arrangements have been discussed with the designated caretaker(s), how willing they are to assume this responsibility and whether arrangements have been formalized in a will or trust.

CONTACT WITH FAMILY OF ORIGIN AND SIGNIFICANT OTHERS

Describe the type of relationship and contact the Applicants are willing to have with the birth parents and other significant connections such as siblings, grandparents, foster parents, etc. Describe any written post-adoption contact agreement(s).

REFERENCES

Indicate if all references have been received. Summarize information provided.

FAMILY PREPARATION AND TRAINING ACTIVITIES

Identify and describe agency family preparation activities. Include Applicants' statements regarding their participation and benefits derived from these activities.

LEGAL/FINANCIAL RIGHTS AND RESPONSIBILITIES

Applicant's Full Name and Applicant's Full Name have been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative/fictive kin caregivers, foster parents, legal guardians and adoptive parents. Also, should they file a petition to adopt, Applicant's Full Name and Applicant's Full Name understand that they will be accepting full legal and financial parental responsibility for Name(s) of Child(ren) or /Youth(s) once an adoption is finalized.

The agency's grievance review hearing procedures Select One explained to the Applicants.

PSYCHOSOCIAL INVENTORY RESULTS

NOTE: Below is a list of the psychosocial factors found on the SAFE Psychosocial Inventory. Using the Psychosocial Inventory, each factor was considered and rated several times by the social worker during the course of this home study. The ratings below represent the final ratings. The ratings are defined as follows: 1 = an exceptional strength, 2 = a strength, 3 = an issue of concern, 4 = a major issue of concern and 5 = very serious problem. The OVERALL EVALUATION OF SECTION ratings reflect the degree to which all issues of concern identified in the section were either resolved, mitigated or the prognosis for change.

#1	#2	HISTORY	#1	#2	EXTENDED FAMILY RELATIONSHIPS
2	2	Childhood Family Adaptability	2	2	Extended Family Cohesion
2	2	Childhood Family Cohesion	2	2	Extended Family Adaptability
2	2	Childhood History of Deprivation/Trauma	2	2	Relationship with own Extended Family
2	2	Childhood History of Victimization	2	2	Relationship with Spouse's/Partner's Family
2	2	Adult History of Victimization/Trauma	2	2	OVERALL EVALUATION OF SECTION
2	2	History of Child Abuse/Neglect			
2	2	History of Alcohol/Drug Use			PHYSICAL/SOCIAL ENVIRONMENT
2	2	History of Crime/Arrest/Allegations/Violence		2	Cleanliness/Orderliness/Maintenance
2	2	Psychiatric History		2	Safety
2	2	Occupational History		2	Furnishings
2	2	Marriage/Domestic Partner History		2	Play Area/Equipment/Clothing
2	2	OVERALL EVALUATION OF SECTION		2	Finances
				2	Support System
#1	#2	PERSONAL CHARACTERISTICS		2	Household Pets
2	2	Communication		2	OVERALL EVALUATION OF SECTION
2	2	Commitment and Responsibility			
2	2	Problem Solving	#1	#2	GENERAL PARENTING
2	2	Interpersonal Relations	2	2	Child Development
2	2	Health and Physical Stamina	2	2	Parenting Style
2	2	Self-esteem	2	2	Disciplinary Methods
2	2	Acceptance of Differences	2	2	Child Supervision
2	2	Coping Skills	2	2	Learning Experiences
2	2	Impulse Control	2	2	Parental Role
2	2	Mood	2	2	Child Interactions
2	2	Anger Management and Resolution	2	2	Communication with Child
2	2	Judgment	2	2	Basic Care
2	2	Adaptability	2	2	Child's Play
2	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION
		MARITAL/DOMESTIC PARTNER RELATIONSHIP	#1	#2	SPECIALIZED PARENTING
	2	Conflict Resolution	2	2	Expectations
	2	Emotional Support	2	2	Effects of Abuse/Neglect
	2	Attitude toward Spouse/Partner	2	2	Effects of Sexual Abuse
	2	Communication between Couple	2	2	Effects of Separation and Loss
	2	Balance of Power	2	2	Structure
	2	Stability of the Marriage or Partnership	2	2	Therapeutic/Educational Resources
	2	Sexual Compatibility	2	2	Birth Sibling Relationships
	2	OVERALL EVALUATION OF SECTION	2	2	Child Background Information
			2	2	Birth Parent Issues
			2	2	OVERALL EVALUATION OF SECTION
		SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN HOME	#1	#2	ADOPTION ISSUES
	2	Minor Sons and Daughters	2	2	Infertility
	2	Minors Residing or Frequently in the Home	2	2	Telling Child about Adoption
	2	Adult Sons and Daughters	2	2	Openness in Adoption
	2	Adults Residing or Frequently in the Home	2	2	Adoptive Parent Status
	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION

PSYCHOSOCIAL EVALUATION REPORT

HISTORY

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and degree of resolution.

PERSONAL CHARACTERISTICS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

MARITAL/DOMESTIC PARTNER RELATIONSHIP

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME

For each person identified in this section, provide full narration that relates to each of the Desk Guide examples for the rating given.

EXTENDED FAMILY RELATIONSHIPS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PHYSICAL/SOCIAL ENVIRONMENT

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

GENERAL PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SPECIALIZED PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

ADOPTION ISSUES

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PSYCHOSOCIAL EVALUATION CONCLUSIONS

Provide your conclusions regarding the Applicants' commitment, ability and readiness to parent. Highlight the strengths in any section given a rating of 1 and describe the effect any section rated as 3, 4 or 5 will have on parenting.

CHILDREN THE FAMILY CAN BEST SERVE

Indicate the age range, gender and number of children the Applicants are ready to accept.

Discuss the Applicants' ability to meet a child's special needs or considerations and level of competency to manage the characteristics, behaviors, conditions and issues of the children being considered for placement with them.

Specify any child's special needs, considerations, characteristics, behaviors, conditions or issues that the Applicants are uniquely qualified to address. Also indicate what they are unable and/or unwilling to consider.

RECOMMENDATION

It is recommended that Applicant's Full Name and Applicant's Full Name be Select One for Select One

Caseworker

Title

Date: _____

Supervisor

Title

Date: _____

ADDITIONAL ATTACHMENTS

Indicate "None" or list additional attachments.

RECEIPT OF COPY OF HOME STUDY REPORT

By signing below I acknowledge receiving a copy of this report.

Applicant's Full Name

Date: _____

Applicant's Full Name

Date: _____

SAFE MATCHING INVENTORY

The SAFE Matching Inventory utilizes the SAFE methodology to help Placement Workers determine which families have the capability to parent to the needs of a child or youth who is already in the home or for whom a placement is being sought.

The Matching Inventory uses the same 5-point scoring system for both the child or youth and the prospective family. Consortium for Children is currently working on having the Inventory computerized in order for a Placement Worker to enter the needs of a child and electronically “pull up” families who can meet that child’s needs. Once families are identified, the worker will have to read the home studies and follow good social work practice to determine the best placement for the child or youth.

Name of Child: _____

DOB: ____ ____ ____

Child's Social Worker: _____

Social Worker Phone #: (____) ____ ____

Social Worker Email: _____

Prospective Parent (# 1): _____

Prospective Parent (# 2): _____

Home Study Social Worker: _____

Social Worker Phone #: (____) ____ ____

Social Worker Email: _____

INSTRUCTIONS FOR CHILD WORKER

- Rate each child need or issue that applies in accordance to the definitions below by inserting the appropriate number in the box to the left of the selected child need or issue.
- Include narration at the end of each section to clarify or expand upon all selected factors.

DEFINITION OF NUMBERED RATINGS FOR CHILD NEEDS/ISSUES

- | | |
|---|---|
| 1 | CRITICAL CHILD NEED OR EXTREMELY CHALLENGING CHILD ISSUE: Use this rating for a critical child need that absolutely must be met or an extremely challenging child characteristic or behavior. |
| 2 | SIGNIFICANT CHILD NEED OR CHALLENGING CHILD ISSUE: Use this rating for a significant child need that should be met or a challenging child characteristic or behavior. |
| 3 | DESIRABLE PLACEMENT CONSIDERATION OR CHILD ISSUE OF MODERATE SEVERITY: Use this rating for a child issue that is desirable but not necessary or a child characteristic or behavior that is of moderate severity and relatively easy to manage. |
| 4 | HIGHLY PROBABLE FUTURE NEED OR CHALLENGING ISSUE: Use this rating for a child need or challenging child characteristic or behavior that in all likelihood will have to be dealt with in the future. |

INSTRUCTIONS FOR HOME STUDY SOCIAL WORKER

- Rate each prospective parent's level of competency to address the child issues checked on this Inventory.
- If necessary, use the space provided on page #6 to provide the basis for your ratings.

DEFINITION OF NUMBERED RATINGS FOR PROSPECTIVE PARENT(S)

- | | |
|---|--|
| 1 | VERY COMPETENT: The prospective parent is ready, willing and have an exceptional ability to meet this child need or manage this child characteristic or behavior. |
| 2 | COMPETENT: The prospective parent is ready, willing and able to meet this child need or manage this child characteristic or behavior. |
| 3 | PROVISIONAL COMPETENCE: The prospective parent is ready, willing and able to meet this child need or manage this child characteristic or behavior provided needed support and guidance is available. |
| 4 | INCOMPETENT: At this point in time, the prospective parent is not ready, willing and/or able to meet this child need or manage this child characteristic or behavior. More preparation and education is needed. |
| 5 | UNABLE/UNWILLING: The prospective parent is not able and/or willing to meet this child need or parent a child with this behavior or characteristic. |

CHILD	SPECIAL NEEDS OR CONSIDERATIONS	Prospective P. #1	Prospective P. #2
	Maintain connections with birth family, e.g. mother, siblings, etc.	1 2 3 4 5	1 2 3 4 5
	Maintain connections with significant non-family individual(s)	1 2 3 4 5	1 2 3 4 5
	Placement with sibling(s)	1 2 3 4 5	1 2 3 4 5
	Placement in current community	1 2 3 4 5	1 2 3 4 5
	Placement in proximity to specific needed resource(s)	1 2 3 4 5	1 2 3 4 5
	Placement where there is a stay-at-home parent	1 2 3 4 5	1 2 3 4 5
	Placement with a single parent	1 2 3 4 5	1 2 3 4 5
	Placement in a two parent home	1 2 3 4 5	1 2 3 4 5
	Special accommodations for a physical disability	1 2 3 4 5	1 2 3 4 5
	Counseling/Therapy/Special medical attention	1 2 3 4 5	1 2 3 4 5
	Acceptance of behaviors associated with gender confusion	1 2 3 4 5	1 2 3 4 5
	Acceptance of homosexuality	1 2 3 4 5	1 2 3 4 5
	Retain ties with his/her culture and/or religion	1 2 3 4 5	1 2 3 4 5
	Specific requirement(s) regarding other children in the home	1 2 3 4 5	1 2 3 4 5
	Special diet	1 2 3 4 5	1 2 3 4 5
	Special sleeping accommodations	1 2 3 4 5	1 2 3 4 5
	Specialized school	1 2 3 4 5	1 2 3 4 5
	Parent(s) who can cultivate a special child interest or talent	1 2 3 4 5	1 2 3 4 5
	Child falls under the Indian Child Welfare Act	1 2 3 4 5	1 2 3 4 5
	Parent(s) who speak the child's language	1 2 3 4 5	1 2 3 4 5
	Other needs: or considerations:_____	1 2 3 4 5	1 2 3 4 5
SECTION SUMMARY: <i>(Describe each child need or consideration checked)</i>			

Child	CHILD TEMPERAMENT CHARACTERISTICS	Prospective P. #1	Prospective P. #2
	Atypical reaction to newness	1 2 3 4 5	1 2 3 4 5
	Unusual hunger/eating patterns	1 2 3 4 5	1 2 3 4 5
	Unusual sleep patterns	1 2 3 4 5	1 2 3 4 5
	Extreme persistence	1 2 3 4 5	1 2 3 4 5
	Not easily distracted	1 2 3 4 5	1 2 3 4 5
	Irritable	1 2 3 4 5	1 2 3 4 5
	Moody	1 2 3 4 5	1 2 3 4 5
	Uncooperative	1 2 3 4 5	1 2 3 4 5
	Inflexible	1 2 3 4 5	1 2 3 4 5
	Extreme high or low activity level	1 2 3 4 5	1 2 3 4 5
	High impulsivity	1 2 3 4 5	1 2 3 4 5
	Extreme introvert or extrovert	1 2 3 4 5	1 2 3 4 5
	Other characteristics:_____	1 2 3 4 5	1 2 3 4 5
SECTION SUMMARY: <i>(Describe each child issue checked)</i>			

CHILD	CHALLENGING CHILD BEHAVIORS	Prospective P. #1	Prospective P. #2
	Frequent temper tantrums	1 2 3 4 5	1 2 3 4 5
	Overly aggressive behavior	1 2 3 4 5	1 2 3 4 5
	Vandalizing or destroying property	1 2 3 4 5	1 2 3 4 5
	Talks back	1 2 3 4 5	1 2 3 4 5
	Uses profanity	1 2 3 4 5	1 2 3 4 5
	Untruthfulness	1 2 3 4 5	1 2 3 4 5
	Cruel treatment of animals	1 2 3 4 5	1 2 3 4 5
	Disobedience	1 2 3 4 5	1 2 3 4 5
	Smokes	1 2 3 4 5	1 2 3 4 5
	Drugs	1 2 3 4 5	1 2 3 4 5
	Fire setting	1 2 3 4 5	1 2 3 4 5
	Stealing	1 2 3 4 5	1 2 3 4 5
	Highly argumentative	1 2 3 4 5	1 2 3 4 5
	Intrusive	1 2 3 4 5	1 2 3 4 5
	Disrespectful	1 2 3 4 5	1 2 3 4 5
	Manipulative	1 2 3 4 5	1 2 3 4 5
	Abuses animals	1 2 3 4 5	1 2 3 4 5
	Other behaviors: _____	1 2 3 4 5	1 2 3 4 5

SECTION SUMMARY: (Describe each child issue checked)

CHILD	ATTACHMENT ISSUES	Prospective P. #1	Prospective P. #2
	Highly ambivalent attachment to birthmother/birthfather	1 2 3 4 5	1 2 3 4 5
	Indiscriminate affection with relatively unfamiliar adults	1 2 3 4 5	1 2 3 4 5
	Lack of comfort seeking when frightened, hurt or ill	1 2 3 4 5	1 2 3 4 5
	Excessive dependence on attachment figure	1 2 3 4 5	1 2 3 4 5
	Unable to seek or use supportive presence of attachment figure	1 2 3 4 5	1 2 3 4 5
	Compulsive compliance with caregiver requests	1 2 3 4 5	1 2 3 4 5
	Lack of compliance with caregiver request	1 2 3 4 5	1 2 3 4 5
	Failure to check back with caretaker in unfamiliar settings	1 2 3 4 5	1 2 3 4 5
	Lack of warm and affectionate interchanges	1 2 3 4 5	1 2 3 4 5
	Over solicitous and inappropriate care giving behavior	1 2 3 4 5	1 2 3 4 5
	Excessively bossy and controlling	1 2 3 4 5	1 2 3 4 5
	Intense anger	1 2 3 4 5	1 2 3 4 5
	Other attachment issues: _____	1 2 3 4 5	1 2 3 4 5

SECTION SUMMARY: (Describe each child issue checked)

CHILD	STRESS RELATED BEHAVIOR	Prospective P. #1	Prospective P. #2
	Hoards food	1 2 3 4 5	1 2 3 4 5
	Fearful	1 2 3 4 5	1 2 3 4 5
	Eating Disorder, e.g. Anorexia/Bulimia	1 2 3 4 5	1 2 3 4 5
	Stool smearing	1 2 3 4 5	1 2 3 4 5
	Frequent nightmares	1 2 3 4 5	1 2 3 4 5
	Sleepwalking	1 2 3 4 5	1 2 3 4 5
	Excessive or too little sleep	1 2 3 4 5	1 2 3 4 5
	Head banging	1 2 3 4 5	1 2 3 4 5
	Daytime or nighttime wetting (ages 5-18)	1 2 3 4 5	1 2 3 4 5
	Daytime or nighttime soiling (ages 5-18)	1 2 3 4 5	1 2 3 4 5
	Depressed	1 2 3 4 5	1 2 3 4 5
	Hyperactivity	1 2 3 4 5	1 2 3 4 5
	Other: _____	1 2 3 4 5	1 2 3 4 5
	—		

SECTION SUMMARY: (Describe each child issue checked)

CHILD	MEDICAL/EMOTIONAL CONDITIONS	Prospective P. #1	Prospective P. #2
	Allergies/asthma/Nebulizer	1 2 3 4 5	1 2 3 4 5
	Diabetes	1 2 3 4 5	1 2 3 4 5
	Hearing impaired and/or requires signing	1 2 3 4 5	1 2 3 4 5
	Visually impaired and/or needs Braille	1 2 3 4 5	1 2 3 4 5
	Feeding tubes	1 2 3 4 5	1 2 3 4 5
	Limited life span	1 2 3 4 5	1 2 3 4 5
	Needs leg braces, prosthesis, wheelchair	1 2 3 4 5	1 2 3 4 5
	Para or Quadriplegic	1 2 3 4 5	1 2 3 4 5
	Seizure disorder	1 2 3 4 5	1 2 3 4 5
	FAS or FAE	1 2 3 4 5	1 2 3 4 5
	Attention Deficit Disorder	1 2 3 4 5	1 2 3 4 5
	Effects of pre-natal drug exposure	1 2 3 4 5	1 2 3 4 5
	Developmental disability	1 2 3 4 5	1 2 3 4 5
	Mental retardation	1 2 3 4 5	1 2 3 4 5
	Medically Fragile Infant	1 2 3 4 5	1 2 3 4 5
	Other: _____	1 2 3 4 5	1 2 3 4 5

SECTION SUMMARY: (Describe each child issue checked)

CHILD	LEARNING/SCHOOL ISSUES	Prospective P. #1	Prospective P. #2
	Disruptive in class	1 2 3 4 5	1 2 3 4 5
	Disrespectful to teachers	1 2 3 4 5	1 2 3 4 5
	Low motivation for learning and school	1 2 3 4 5	1 2 3 4 5
	Learning disability	1 2 3 4 5	1 2 3 4 5
	Gifted	1 2 3 4 5	1 2 3 4 5
	Requires special education program	1 2 3 4 5	1 2 3 4 5
	Truancy	1 2 3 4 5	1 2 3 4 5
	School Phobia	1 2 3 4 5	1 2 3 4 5
	Other school issues: _____	1 2 3 4 5	1 2 3 4 5
SECTION SUMMARY: <i>(Describe each child issue checked)</i>			

CHILD	CHILD SEXUAL BEHAVIORS	Prospective P. #1	Prospective P. #2
	Compulsive or public masturbation	1 2 3 4 5	1 2 3 4 5
	Sexually seductive	1 2 3 4 5	1 2 3 4 5
	Sexual victimization of other children	1 2 3 4 5	1 2 3 4 5
	Sexually precocious	1 2 3 4 5	1 2 3 4 5
	Explicit sexual language	1 2 3 4 5	1 2 3 4 5
	Early sexual experimentation	1 2 3 4 5	1 2 3 4 5
	Unusual knowledge of or interest in sex	1 2 3 4 5	1 2 3 4 5
	Other sexual behaviors: _____	1 2 3 4 5	1 2 3 4 5
SECTION SUMMARY: <i>(Describe each child issue checked)</i>			

CHILD	OTHER CONSIDERATIONS	Prospective P. #1	Prospective P. #2
	Nothing known about mother and/or father	1 2 3 4 5	1 2 3 4 5
	Nothing known about siblings	1 2 3 4 5	1 2 3 4 5
	Conceived through incest	1 2 3 4 5	1 2 3 4 5
	Conceived through rape	1 2 3 4 5	1 2 3 4 5
	Genetic predisposition for psychiatric disorder:	1 2 3 4 5	1 2 3 4 5
	Genetic predisposition for medical disorder:	1 2 3 4 5	1 2 3 4 5
	Other: _____	1 2 3 4 5	1 2 3 4 5
SECTION SUMMARY: <i>(Describe each child issue checked)</i>			

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